

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033500

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 372

Primary Registration District No. 4545

Registrar's No. 41

FILED AUG 27 1962

VS 300
Rev. 4/59

1 11.90
2 11.30
3 2
4 0
5 1
6
7 0
8 2
9 4/20.1
10
11
12 90-0
13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHFIELD		Length of stay in lb 8 YRS	c. CITY OR TOWN MARSHFIELD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HERMAN Middle H. Last HYDE		4. DATE OF DEATH Month AUG Day 10 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-7-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ABSTRACT BUSINESS		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 62
11a. FATHER'S NAME B.F. HYDE		11b. MOTHER'S MAIDEN NAME MATTIE HIGHTOWER	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		14. NAME OF SPOUSE OR WIFE LETHA B. HYDE	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis (2nd previous) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Atherosclerosis DUE TO (b) unknown DUE TO (c)		16. SOCIAL SECURITY NO. 14 LETHA B. HYDE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:54 a.m. Month, Day, Year 7-13-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield, MO	
20g. COUNTY MARSHFIELD		20h. STATE MO	
21. I attended the deceased from 7-13-62 to death and last saw her alive on 7-13-62 Death occurred at 3:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Herman H. Hyde	
22b. ADDRESS Springfield, MO		22c. DATE SIGNED 8-13-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-12-1962	23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	23d. LOCATION (City, town, or county) (State) MARSHFIELD MO
24. FUNERAL DIRECTOR BARBER-EDWARDS		25. DATE RECD. BY LOCAL REG. 8-15-62	
26. REGISTRAR'S SIGNATURE Stearns			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George Stapf

Licensed Embalmer No. 3161

P. O. Address Mt. Grove, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.